

Town of Davie Air Conditioning Replacement Data

Contractor Name: _____ Permit Number: _____

Site Address: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Will this be an exact change out of the tonnage of air conditioning and KW of heating? (Note: Provide heating and cooling calculations if changes are made to sizes).
YES NO
2. Will any electrical wiring on the line side of the disconnect be done? (note: Electrical permit is required if yes)
YES NO
3. Is there an existing hot water recovery unit?
YES NO
If yes, will it be reinstalled to replacement condenser?
YES NO
If no, will new system meet the Florida Building code 2001 Chapter 13?
YES NO
4. What is the Model Number of the new air handler? _____ Kw _____
5. What is the Model Number of the new Cond. / Pkg? _____ Kw _____
6. Is the existing condenser / package unit installed on the roof?
YES NO
If yes will a new support stand be installed on the roof? (Note: Engineers drawing for wind load is required if yes is checked).
YES NO

Circle any additional items to be installed:

Smoke duct / heat recovery unit / replace duct work / new thermostat

- ✓ Note: An approved ladder will be required for rooftop inspections. Appointments are made the date of the scheduled inspection Monday thru Friday 7:30 am to 8:00am by calling 954-797-2051 or 954-797-2065
- ✓ Failing to provide a ladder and make an appointment will result in a reinspection fee.

I do swear that the information provided on this form is correct.

Qualifier's Signature: _____ **Date:** _____

Contractors License Number: _____

PERMIT CARD AND THIS FORM MUST BE AT THE JOB SITE THE DAY OF THE SCHEDULED INSPECTION. (Failure to have this form on the job site will result in a reinspection fee).

Approved by: _____ Date: _____